



OKLAHOMA
State Department
of Health

Consumer Health / OK State Dept. of Health
PO Box 268815 / OKC OK 73126-8815
Office: (405) 426-8250 | Fax: (405) 900-7557
Email: ConsumerHealth@health.ok.gov
Website: http://chs.health.ok.gov

CONSUMER HEALTH SERVICE COMPLAINT FORM

Please check the Consumer Health Program that you wish to file a report on:

- | | | | |
|--|--|---|------------------------------------|
| <input type="checkbox"/> FOOD/RESTAURANT | <input type="checkbox"/> RABIES/ANIMAL BITE | <input type="checkbox"/> SMOKING | <input type="checkbox"/> XRAY UNIT |
| <input type="checkbox"/> HOTEL/MOTEL | <input type="checkbox"/> BEDDING | <input type="checkbox"/> POOL | <input type="checkbox"/> MIDWIFE |
| <input type="checkbox"/> SANITARIAN | <input type="checkbox"/> HEARING AID | <input type="checkbox"/> GENETIC COUNSELOR | |
| <input type="checkbox"/> BODY PIERCING | <input type="checkbox"/> MEDICAL MICROPIGMENTATION | <input type="checkbox"/> DRUG MANUFACTURING | |
| <input type="checkbox"/> TATTOO | <input type="checkbox"/> OTHER <u>State Mental Health Facility</u> | | |

****Name and contact information are kept as *CONFIDENTIAL*. To allow investigators an opportunity to follow-up or request additional information please include your name and contact information.**

Name of Person Filing Complaint: Dr. Tinsley Ariana Taylor Makayla Saramosing

Mailing Address: 21985 Homesteaders Road

Deer Creek

City

OK

State

73012

Zip

Email Address: makayasaramosing@gmail.com

Primary Phone: 405-593-3515

Complaint Against (Name): Erica and Kelda Lic# (if applicable): Tech and director

Address/Location: Southwest Behavioral Health Center, 1602 SW 82nd Street

Lawton

City

OK

State

73505

Zip

Nature of Complaint (Description):

Phone: _____

Transphobic hate crimes occurred, including assault and battery by staff members upon the parent of a child undergoing intake. I have videos and bruises and would like to discuss this further in person.

(Please add additional pages as necessary to complete this information.)

OFFICIAL USE ONLY

Date Received: _____ By: _____ Date Referred: _____

Form: ☐ Telephone ☐ Letter ☐ Email ☐ Visit Source: ☐ Individual ☐ Other Gov't Agency ☐ Other: _____

Referred to: ☐ State/Central Office ☐ Local/County ☐ DEQ ☐ Municipality: _____

☐ Other: _____

Referred To

Mailing Address or Email

Phone

Investigation Date: _____ Follow-up Date(s): _____ Complaint#: _____

By (Name/RS#): _____ / _____ County: _____

Investigation Data:

Evaluation & Final Outcome:

